

EXHIBIT "B"

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January 30, 2006

Darryl Jones
109 West Sixth Avenue
Suite 200
Anchorage Alaska 99501

Re: Salley Purser

Dear Mr. Jones:

I understand you need information regarding Ms. Purser's problems related to employability. According to Ms. Purser, she has been unable to sustain employment for any length of time due to transportation difficulties, personal and other conflicts with others, lack of motivation and/or "the job doesn't interest me." Psychologically, the recent assessment findings show Ms. Purser is very confused, acutely stressed, and emotionally unstable. In addition, she is a new mother and is struggling with the demands associated with caring for a young infant without any source of social support. Consequently, considering the number of stresses she has been experiencing, it is not surprising she has not been able to sustain employment for any length of time.

Ms. Purser will probably be unable to maintain employment until she experiences improved psychological stability. Her current plan to seek vocational training is probably a realistic one at present given the problems she is facing, and it has the potential to provide structure and skill-training that should improve her chances of finding employment that is more suitable to her interests and aptitude. Without vocational training, she faces the prospect of accepting menial labor positions that will do little to advance her career or provide a living wage so that she can provide for herself and her child.

She is currently receiving mental health treatment that has been beneficial to her, and she should be encouraged to continue in treatment with her therapist to address the psychological problems she has, even though the current therapeutic relationship has some drawbacks (e.g. it is with a court-ordered therapist, etc.). Once she has completed treatment with her current therapist, if Ms. Purser elects to seek other treatment with another provider, I would be happy to provide her a list of potential treating professionals from which she could select another mental health provider. She could also elect to see me if she felt treatment here would be beneficial.

As noted in the evaluation report, Ms. Purser will likely need continued and extensive psychotherapy to address her psychological problems for at least one year to two years. She should also complete outpatient substance abuse education/therapy with special

emphasis on relapse prevention since she is significantly addiction-prone as well as relapse-prone. It would be helpful for Ms. Purser to consider couple therapy with her boyfriend if they intend to form a family with their daughter. She would also benefit from respite services that would assist her with her daughter, Sincere, and give her some relief from caring for a four-month-old infant while trying to deal with the distressing complex of problems she is attempting to resolve.

I hope this information is useful to you in your work with Ms. Purser. Please contact me if you need elaboration of the above.

Sincerely,

A handwritten signature in black ink, appearing to read "Michael C. Rose". The signature is fluid and cursive, with the first name "Michael" being more prominent.

Michael C. Rose, Ph.D.
Clinical Psychologist

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Psychological Evaluation

Name: Salley Purser
Age: 19
Education: 9th
Marital Status: Single

Date of Birth: 3-29-86
Date of Evaluation: 1-6-06
Occupation: Unemployed

Introductory Information:

Darryl Jones, attorney for Sally Purser, referred Ms. Purser for a psychological evaluation. The purpose of the evaluation was to address her current psychological status and to make recommendations with respect to treatment. According to Ms. Purser, as a 15-year-old minor, she was provided drugs and sexually abused by Joseph Boehm.

This report is confidential and solely for the use of Mr. Jones. There were no information sources available for review prior to completing the evaluation.

Background Information:

Ms. Purser reportedly grew up in Anchorage and was raised by her biological parents until age nine at which time her parents divorced and she lived with her mother until she was about 15 years old and then moved to Washington briefly before returning to live in Alaska.

She reported very negative feelings toward her parents. Her relationship with her father has been troubled for some time. She remembered him being "violent toward my mother, and I grew up watching him beat her, and I woke up one time and he was choking her." She described him as an "alcoholic who is just violent, and he was bad when he was drunk." He now lives in Utah where he is employed as a truck driver.

The relationship with her mother "used to be good, and we used to get our hair done together and our fingernails done together, but that fell apart when my parents broke up, and she got a boyfriend who used to pay for everything." She remembered her mother and boyfriend "used to go out all the time, and my brother and I would be home drinking beer they left in the fridge, and her boyfriend would leave for months at a time but send the money to pay for bills, and then she started meeting some bad people and started using cocaine and crack - she is still a crack head." Ms. Purser has no idea where her mother is, and "I don't know how to get hold of her."

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She remembered, "my mom used to take out her aggression on me, and she used to hit me, and she once sat on my back and almost snapped my back – I don't know why she did that, but then I started fighting back."

Ms. Purser has a brother who is one year younger than her. They had difficulty getting along during childhood and adolescence, and "we fought physically, and he used to hit me in the face, but he just called and apologized for hitting me in the face with a closed fist, and he used to chase me around the house with a horse whip, and I used to chase him around with a stick, but now it's good between us, and he is like my best friend." They also used to "argue because he didn't want me smoking crack."

Asked to describe her childhood, she replied, "I really don't think I'm that messed up from my childhood, but I am numb to things – I don't have emotion – I show anger but no other emotion, but I can kiss and hug my daughter."

Her adolescence was "fucked up because I was smoking dope and before that smoking weed – addiction runs really bad in my family."

Ms. Purser gave a fairly rambling account of her life that included drug abuse, physical and sexual abuse, and problematic relationships. After she left home at age 15, she moved in with an uncle in Washington, but "he was a pervert – he was sick and tried to control me, and in order for me to go out, he made me go topless, and he would take pictures of me – that lasted nine months." Her uncle also reportedly "tried to touch me and tried to give me massages, and I told my aunt about this after I left, but she didn't believe me, and she told me never to contact her again."

She left Washington to get away from the abuse and returned to Alaska to live with her mother until she was about 17 years old, and "then I started smoking crack with my mom – I didn't really live with her, but my stuff was at her home, but I was never home." Instead, "I was out running around and smoking weed – I started smoking weed a lot when I was 13 years old, and then at 15, I started smoking crack, but I didn't like what I was doing, so I quit by myself and got a boyfriend, but that lasted about a year, and then we broke up, and I went back to drugs." Asked where she got her drugs, she replied "from Joseph most of the time – the majority of the dope came from him – I met Joseph about two weeks into smoking crack, and I hung out with him for three months and was sucking dick for hits and walking around naked in front of a 60 year-old man, but I got away from that and started smoking weed again." However, "I got depressed after I broke up with my boyfriend, so I went back to Joseph's and stayed there for two years."

During that time, "my mom was blackmailing me daily to get drugs, and he (Joseph) flew us to Seattle and gave me like two grand and my mom three grand, and I went down to Washington because my mom was too stuck on drugs." According to Ms. Purser, Joseph sent one of his drug dealers to Seattle with her "because I could not go by myself – I was too young, and he put me in a hotel and we went shopping." Ms. Purser indicated, "Joseph never gave me money, but he gave it to the drug dealer to spend on me, and then my mom came into town five days later and that lasted about a month, and then we moved in with my mom's friend and stayed there for like a month and a half, and then my mom got her own apartment with me and my brother."

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Her mother's drug abuse worsened, and "she lost the apartment, and I was almost 18 then, and I started walking the streets, but I was also on probation down there because I got in a fight with my mom and spent 30 days in jail." After she was released, "I started using again, and the cops found me because I was not working with my PO or checking in, and I got put in jail for another month."

After she turned 18, "they put me in an adult jail for two weeks and then let me off on probation, and when I get out, I stayed sober, and I stayed with one of the old drug dealers because he told me to call him when I stayed sober, and I could stay with him, and then I came up here for grand jury."

After she returned to Alaska, "I caught a charge for possession of crack cocaine, and I spent four months in jail up here in 2004, and when I got out, I went to treatment but got kicked out and went back to jail for a month and then got released to my girlfriend who is 20 years old." After that, she and her roommate, Kathryn, got an apartment together.

Ms. Purser later discovered she was pregnant, and "I went into a halfway house after Christmas and then went to Passage House and got out and had my baby, and Kathryn had her baby, too, and we decided to be more mature and try to work things out together." Ms. Purser's daughter, Sincere, is now four months old.

She indicated her brother and father disapprove of her involvement with her African-American boyfriend who is the father of Sincere. She believes her brother and father are "both racists because they don't like my baby being half-black."

Ms. Purser stated, "I don't like either of my parents – I love them, but I don't love my mom, and I don't respect my dad – when he calls, I hang up on him all the time – he's a racist."

Ms. Purser's relationship with her boyfriend, Jerald, is apparently an on-again/off-again relationship. She indicated she has "love for him, and I was in love with him, but we have done too many bad things to each other, and I cheated on him because I don't like anyone getting too close to me – I ran out and had sex with someone because he was getting too close to me."

She described being in some frightening situations recently, "but it didn't scare me – it scared the shit out of my roommate, but didn't scare me – I didn't feel anything – it's weird – the only thing I was thinking about was my daughter, but I don't know why I wasn't scared – maybe it's because I have seen so much shit that nothing is new to me, and when something really good happens, I don't get excited."

She admitted, "today I cried for the first time in six months, and I think I'm going through the postpartum blues – I don't really need a kid now, and it's really hard, and I am broke and struggling – I had to have my dad pay my rent, and I need baby wipes, and I need diapers, and I don't need formula because WIC helps me with that, and I never have time for myself."

She is also concerned that her roommate is "drinking every night, and her kid is at home when she does that, and I don't want my daughter to go through that – I was more responsible when I was at Passage Way."

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She is worried because "I don't know what to do with my life because I was smoking crack for three years, and now I don't know what I'm doing, but at least I'm not 'jonesin.'"

Medical History:

She believes she is in generally good health, but she worries that she smokes socially, and "I drink every once in awhile."

Prior significant illnesses included asthma. Previous surgeries included a myringotomy. Asked about past injuries, she reportedly suffered a "broken rib after I had a seizure that was drug-induced, and one of the crack-heads did CPR wrong and broke my rib." She denied any history of head injury or loss of consciousness aside from "drug-induced seizures."

She denied sleep or appetite problems. Her weight is stable at 110 pounds on a 5'3" frame. She is trying to gain weight, but "I don't have money to eat."

She is not currently medicated. She denied drug or non-drug allergies. She denied menstrual difficulties.

Ms. Purser was reportedly psychiatrically hospitalized at North Star Hospital when she was a teenager after her mother "thought I was depressed and thought I was trying to kill myself." She was there about one week and then discharged. According to Ms. Purser, "my mom claims I am Bipolar because there is 'me' and then there is 'angry me,' but I don't think I'm Bipolar." She denied most symptoms of Bipolar Disorder. However, she reported a strong family history of Bipolar Disorder in her mother, her maternal grandmother, and other family members.

In the past, she was apparently medicated with Zoloft and Prozac as well as an antipsychotic medication, but she did not believe the medications were of any benefit.

She is currently in individual psychotherapy with Anne Stockman, and she has also seen other therapists. She believes she has a good working relationship with Ms. Stockman, and "she made me realize that I do things because I don't trust people getting close to me, and I don't want to have these feelings." Asked if she was able to discuss everything about her past with her therapist, Ms. Purser replied, "I don't tell my therapist everything because I prefer to keep Joseph in the past - I try not to think about that, but I'm being completely honest with you."

As noted previously, she reported she was physically abused primarily by her mother. She denied sexual abuse as a child aside from "my uncle taking pictures of me naked and making me lay on a massage table to massage me." However, when he began to massage her close to her vagina, "I got off the table."

She admitted to suicidal ideation about six or seven years ago, and "I have tried to commit suicide, and I talked about it - one time I tried to cut my wrists with a pen." However, she denied any recent thoughts of self-harm because "I don't want to die - I have a daughter to live for, and I want to live to see my daughter's kids."

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She denied any history of hallucinatory phenomena.

Asked to describe her mood over the past week, she replied "down, depressed, numb, and today I had a bad day."

Substance Use History:

She occasionally smokes cigarettes once or twice a month. She likes coffee, but "lately I can't afford it."

She uses alcohol about once or twice per month and typically drinks beer because "I don't like hard alcohol." She had one beer about three days ago, and she denied any problems related to alcohol use. She has no history of DWI or violence associated with alcohol use. In the past, she used to have "blackouts when I was younger because I used to drink to get drunk when I was about 16, but I was never a fiend for alcohol."

She first smoked marijuana around age 11 but started smoking it regularly when she was about 13 years old. Her use of marijuana increased with time, and "I would wake up and load a bowl, and I would go to sleep at night after smoking it - I bought it with my mom's money, and it made me hungry and relaxed so I could just chill."

She believes she started using cocaine around age 15, and "I snorted it before I smoked it." She believes she became addicted to cocaine after the nine-month relationship with her boyfriend ended, and "I just could not put it down after that." She remembered, "when I took my first crack hit, I had that outer-space feeling that I really liked - I enjoyed the high, and I never felt like I had enough."

She smoked methamphetamine "just to keep me awake, and it made me motivated - it made me clean up and put makeup on."

She also tried XTC, and "that's what I got expelled from school for was selling ecstasy in 10th grade." She "really liked it - it feels good, and XTC intensifies your nerves and even taking a deep breath feels good." She indicated, "I never got horny on it, but it would make me want to make out."

She has "snorted Oxy's and Vicodin, but downers are not my favorite - I like uppers." She also smoked heroin laced with cocaine, but "it didn't do shit but settle your 'jones.'"

She denied use of LSD or any other illicit substance, including inhalants.

Educational History:

When Ms. Purser attended elementary school, she reportedly did well academically and had no behavioral difficulties.

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In junior high, she earned average grades, but "I was more into what I was wearing and into boys." She was apparently suspended from school after she instigated a fight.

Ms. Purser attended Service High School for three months after she finished ninth grade in Spokane, but "when I started 10th grade, I got kicked out and never went back." She later earned a GED in March 2004.

Relationship History:

Ms. Purser believes she has been in three serious relationships, and "twice I said I love you, and meant it." Her first serious relationship ended after about nine months, and she subsequently returned to using cocaine after the breakup.

She has been in her current relationship for about 1 ½ years, and her boyfriend, Jerald, is the father of her daughter. He is apparently "going to school for welding, but he likes to party."

Ms. Purser denied she was promiscuous in her teenage years but believes she is more promiscuous now.

In the future, she would like to be married, and "I want to have a house and cars and toys, and I think we (she and Jerald) can work it out and stay together."

She admitted experiencing domestic violence with her first boyfriend who "smacked me around a little, and I had another boyfriend who used to hit me, and I had a couple of dope dealers that would hit me."

Vocational History:

She recently was employed, but "I can't keep a job longer than two months because I either quit showing up or have conflict, or the job doesn't interest me, and I have no motivation at all." She indicated, "the longest job I had was about three months, and I kept that because they drove me to work – I don't have transportation, and asking somebody to drive me gets annoying."

In the future, she hopes to complete schooling at Academy Hair Design in March, and "I have this grant to go to college – it's Joseph's grant for like \$100,000, and it can pay for education, treatment and counseling."

Legal History:

She admitted she has been arrested "four or five times." Her first arrest was for "stealing my mom's car, and I went to 'juvy' for that." She was also arrested for assaulting her mother. Her other arrests are related to "a run away, possession, and probation violations." She is currently on federal probation related to cocaine possession.

As noted previously, Ms. Purser met Joseph Boehm when she was about 15 years old, and he became her primary supplier of drugs in exchange for sexual favors. She admitted Joseph "likes

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pretty girls and likes to smoke crack, and he tries so hard to get off – he had to take like three Viagra to get hard, and he is uncircumcised and nasty – I can't believe I did that." She believes she had sex with Joseph about three or four times, and "I gave him head a handful of times, but most of the time I would dyke it out with another woman – he liked watching women on women." She admitted she performed sex acts "to get drugs."

She admitted she was involved in prostitution while living in Washington. She added, "I was not a crack whore down there, but I was a crack whore for Joseph, and I would even bring other girls to him – I got a 13 year old girl to suck his dick and get dope for it."

She denied any symptoms of hypervigilance or an exaggerated startle response. However, she admitted she has occasionally experienced flashbacks about sexual behavior with Joseph when she has been sexually involved with her boyfriend, and "one time I had a flashback about Joseph and started crying – I wanted to puke." She is angry with "the fact that you have to do the whole dope game in order to get what you want – you have to fuck, and it made sex meaningless – I'm not saying I am damaged goods, but at the same time I am, and I certainly don't feel sacred anymore." She remembered a number of disturbing memories relative to sexual involvement with Mr. Boehm. She recalled, "Joseph would blow crack smoke up my ass – it was just a freak thing for him – he said it felt good, and he wanted me to do it to him." She added, "I am really trying hard to be completely honest and to speak the truth, even if it hurts."

It has now been at least two years since she had any formal contact with Joseph. Asked how she felt now that she has been away from him, she replied "I feel like I am more controlling, and I am the dominant one in a relationship – I like wearing the pants and being the man – I guess I was chased so long that I want to feel like I am the one who chases."

Asked how she felt about Joseph, she replied "I felt sorry for him – everyone was playing him and stealing from him, but I don't feel sorry now – now I'm sober, and I know he let everyone use him."

Asked what she thought Joseph's future should be, she replied, "he should die in jail – I don't ever want to know that he is out and free because I would not feel free." She continued, "I have a lot of memories about what happened, and sometimes I have dreams, but I try hard not to let it bother me – I know that happened to me, but I'm not going to let that happen to me again." She recognizes now, "if I would've stayed in school and if I never smoked dope – but I still fiend for dope, and I don't want to end up like my mom – I don't want to be like her."

Assessment Procedures:

- Minnesota Multiphasic Personality Inventory 2 (MMPI-2)
- Millon Adolescent Clinical Inventory (MACI)
- Detailed Assessment of Posttraumatic Stress (DAPS)
- Substance Abuse Subtle Screening Inventory -3 (SASSI-3)
- Diagnostic Clinical Interview

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Behavior During Assessment:

Ms. Purser is a 19 year old, single, unemployed, Caucasian woman who presented as slender and attractive with casual dress and appropriate grooming and hygiene. When she came into the examination room, her face was tear-stained, and upon inquiry about this, she stated she was "having a bad day." Nevertheless, she was able to complete all assessment procedures and the interview without difficulty and was extremely polite and courteous throughout. No obvious sensory visual or auditory difficulties were observed. She was able to read and produce written responses to each of the items on the assessment inventories without difficulty. She exhibited appropriate skill with fine and gross motor movements. Speech was relevant but rapid and mildly pressured. Affect was labile but with an overall depressed tone. There was no overt evidence of thought disorder, delusional thinking, or loosened associations, and her thinking was confused but ultimately goal-directed. Reality contact appeared good. The assessment results were considered a reliable and valid estimate of her current psychological functioning. The validity of her test results did not appear affected by deficiencies in vision or hearing or because of drug ingestion. Tests administered to her were current, appropriately normed, and individually administered in accordance with standardized procedures.

Psychological Test Findings:

The Minnesota Multiphasic Personality Inventory – 2 (MMPI-2), is a 567-item, objectively-scored adult personality inventory that assesses psychopathology across a wide range of possible psychological problems. Her profile was valid and indicated she is experiencing significant psychological problems, although she may have been exaggerating some of her complaints. Clinical patients with her validity profile are often confused and distractible and may be exhibiting a high degree of distress and personality deterioration. Individuals with her clinical profile (4-6-8) are experiencing chronic psychological maladjustment. They are immature and alienated, and they tend to manipulate others for their own gratification. They are also self-indulgent, hedonistic, and narcissistic. They may be aggressive with others, behave impulsively, and act out problems. They rationalize their difficulties and often blame others for their problems. They are also hostile, resentful, and irritable. They also tend to seethe with anger, and their sensitivity to criticism can lead to unpredictable and irrational outbursts. Interpersonally, these individuals feel others do not understand them and are unsympathetic. They behave in a somewhat aloof, cold, callous, and uncompromising manner, often attempting to advance themselves at the expense of others. Their lack of trust often interferes with the ability to develop intimate relationships. Finally, they are addiction-prone to drugs and alcohol.

Ms. Purser's MMPI-2 findings also indicate she is experiencing depressed mood and is preoccupied with feeling guilty and unworthy. She feels somewhat self-alienated and expresses some personal misgivings or a vague sense of remorse about past acts. She is regretful and unhappy about life and feels anxiety and worry about her future. She feels hopeless at times, condemned, has low self-esteem and is bothered by feelings of inadequacy. She worries about her physical health, feels that life is no longer worthwhile and worries she may be losing control of her thought processes. She views the world as a threatening place, sees herself as having been unjustly blamed for others' problems, and feels that she is getting a raw deal out of life.

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Ms. Purser also completed the Millon Adolescent Clinical Inventory (MACI), a 160-item, objectively scored clinical personality inventory. This test is normed on clinical populations (i.e., adolescents up to age 19 considered to have psychological problems and referred for treatment). On the MACI, she produced a valid profile, and there were no test-taking attitudes that would distort the results. Individuals with her profile type feel depressed, dysphoric and morose. They typically have defeatist and fatalistic attitudes about the present and the future. They feel the weight of the world on their shoulders, and they doubt they can make positive changes. Their pessimism often translates into low self-esteem and guilt regarding their inadequacies. They typically have few friends since interacting with them is seldom rewarding and is more often draining. These individuals also experience intense ambivalence, labile moods, unpredictable behaviors, capricious thoughts, and identity diffusion. There is pervasive instability and inconstancy that permeates all aspects of their lives. They usually experience periods of marked behavioral and emotional dysregulation, and this instability may be indicative of failure to develop an integrated personality. They have great difficulty maintaining relationships because their perceptions range from idealization to devaluation. They have dependency needs that have never been met, and although they seek attention and affection, they cannot tolerate closeness. Fears of separation and abandonment may lead them to act in desperate ways in order to hold on to others and save them from being alone and feeling empty. On the other hand, fears of engulfment can contribute to angry explosions, which drive others away. Life is a constant struggle for them with frequent upheavals. These individuals are also impulsive and engage in risky acting out behaviors. There is little planning preceding their actions, and they are unable to focus on the more ordinary concerns of adults their age. Their inner turmoil leaves them ill-prepared to take on new challenges and responsibilities, so they have tremendous difficulty with transitions in life. Sometimes, they can become self-destructive. She reported her family relationships are tense and conflicted with a sense of estrangement from parents and indications of significant family pathology. Her profile also showed she is extremely addiction-prone to substances and prone to relapse, especially when stressed. She acknowledged feeling sad and discouraged. She has low self-confidence, is socially withdrawing, and perceives few social supports in her life. Individuals with her assessment findings tend to display borderline features that are challenging in treatment and require tremendous resources of time and energy.

To assist in evaluating Ms. Purser's current psychological status and suspected PTSD symptoms, she completed the Detailed Assessment of Posttraumatic Stress (DAPS), a 104-item, objectively scored psychological test designed for use with individuals who may have experienced a significant traumatic event. The DAPS has two validity scales that assess for either tendencies to deny symptoms others commonly endorse (Positive Bias) or over-endorse unusual symptoms others rarely endorse (Negative Bias). On this test, Ms. Purser's validity scales were within normal limits. On the clinical scales, she produced significant scores on scales indicative of a positive diagnosis of Posttraumatic Stress Disorder. On the Detailed Assessment of Posttraumatic Stress, Ms. Purser's validity scales were within normal limits. The clinical scales indicate she is experiencing a number of symptoms that strongly indicate the presence of Posttraumatic Stress Disorder. The traumatic event that bothered her the most was "being forced to give oral sex to an older man. I was 15 years old, and he was almost 60. I was also using drugs." The test results showed significant avoidance responses relative to the traumatic stress she is reporting, and she appears to attempt to avoid people, places, conversations and situations that might trigger re-experiencing of the events. There is also evidence of emotional numbness and attempts to suppress thoughts related to the traumatic

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event. There are also indications of autonomic arousal, such as tension, sleep difficulties, irritation, and problems with attention and concentration. She appears to feel emotional distress associated with high anxiety, irritability, and feeling "on edge." There is some evidence of flashbacks, intrusive memories and dreams of the traumatic events. There are also indications of addiction-proneness to substances. There were no indications of suicidal motives, ideation or behaviors.

On the Substance Abuse Subtle Screening Inventory 3 (SASSI-3), Ms. Purser's responses indicated she has a high probability of having a Substance Dependence Disorder. She appears significantly addiction-prone to drugs and alcohol.

Diagnostic Impression:

Axis I:	Cocaine Dependence, In Remission Posttraumatic Stress Disorder, Chronic R/O Mood Disorder NOS
Axis II:	Developing Borderline Personality Disorder features
Axis III:	History of asthma
Axis IV:	Psychosocial stressors: victim of sexual and physical abuse, relationship discord, single parent with new baby, problems with friends, difficulty maintaining employment, financial problems, legal difficulties, difficult transition to adulthood, mental disturbance in family members Severity: 4 - Severe
Axis V:	Current GAF: 50

Summary:

Salley Purser is a 19 year-old, single, Caucasian mother of a four-month-old daughter, Sincere, who experienced a chaotic upbringing by substance dependent and physically abusive parents who were also very neglectful and unsupportive. She started using drugs at an early age and was marijuana dependent by age 13 and cocaine dependent by age 15. She started getting her drugs from Mr. Boehm shortly after she started using crack cocaine, exchanging sexual favors for the drugs she sought, and this sex/drug exchange continued for about two years. Her psychological problems escalated with her addiction, but she now claims to be abstinent from the use of cocaine and other illicit substances. She is in a relationship with the father of her four-month-old daughter, but the relationship appears to be rather stormy. Ms. Purser is in individual psychotherapy and believes she is making headway in treatment.

The current assessment findings indicate Ms. Purser's history, adjustment and behavior appear to meet diagnostic criteria for Cocaine Dependence, In Remission; Posttraumatic Stress Disorder, Chronic; R/O Mood Disorder NOS and developing Borderline Personality Disorder features. It is difficult to know if some of her symptoms are indicative of a Borderline Personality Disorder or a Mood Disorder given her significant family history of Bipolar Disorder.

Undoubtedly, Ms. Purser is in need of ongoing mental health and substance abuse treatment. It appears her problems began to escalate about the time she started using drugs, and she had little effective parental nurturance or guidance during her formative years that would have helped her

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negotiate adolescence. While all of her problems are not solely caused by her involvement with Mr. Boehm, they appear to have dramatically escalated once she became addicted to cocaine and she began exchanging sexual favors for drugs. Consequently, the approximately two-year period with Mr. Boehm dramatically aggravated problems that were present or developing, and her involvement with him appears to have been a strong causative factor in creating the psychological problems she now experiences.

Ms. Purser will need continued and extensive psychotherapy to address her psychological problems for at least one year to two years. She should also complete outpatient substance abuse education/therapy with special emphasis on relapse prevention since she is significantly addiction-prone as well as relapse-prone. It would be helpful for Ms. Purser to consider couple therapy with her boyfriend if they intend to form a family with their daughter. She would also benefit from respite services that would assist her with Sincere and give Ms. Purser some relief from caring for a four-month-old infant while trying to deal with the distressing complex of problems she is attempting to manage or resolve.

Unfortunately, therapy with women with her assessment findings is very demanding. Their unpredictable behavior and emotions, pervasive dysphoric state, disheartened outlook, and low self-esteem are formidable obstacles to successful treatment. Fortunately, she appears to have a healthy therapeutic alliance with Ms. Stockman that could go a long way toward helping her manage the dysfunctional behavior patterns she has developed.

Ms. Purser's vocational goal is to enter Academy Hair Design in the near future to receive training that would enhance employability. Whether she can accomplish this goal at this time considering the psychological problems she is facing is difficult to say. Her therapist is probably in a better position to make a recommendation regarding this issue in collaboration with Ms. Purser. In any event, if she enters this training program, she will need to find a responsible, reliable and mature caretaker for Sincere while she is attending school.

Ms. Purser needs to insure Sincere is safe in her current home environment, especially in light of her concerns about her roommate's drinking. She mentioned she was doing much better when she was in Passage House, and it may be necessary for Ms. Purser to consider returning to this program or making other living arrangements if her roommate's substance use continues in such a manner that might threaten Sincere's safety, health or development.



Michael C. Rose, Ph.D.
Clinical Psychologist

Vitae of:
MICHAEL C. ROSE, Ph.D.

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EDUCATION

- 1979 Ph.D. Clinical Psychology, Department of Psychology
Brigham Young University
- 1978-79 Internship in Clinical Psychology
Timpanogos Community Mental Health Center
Provo, Utah
- 1975 M.A., School Psychology
Department of Educational Psychology
Brigham Young University
- 1973 B.S., Psychology
Department of Psychology
Brigham Young University

EXPERIENCE

- 1983- --Clinical Psychologist in private practice
- 1993- --Consulting Psychologist to Chronic Pain Program (Back
Education and Rehabilitation Program), Alaska Spine Institute
Anchorage, Alaska
- 1987-1995 --Adjunct Instructor, University of Alaska, Anchorage
- 1984-1993 --Consulting Psychologist, Department of Corrections, State
of Alaska
- 1987-90 --Clinical Coordinator, Pain Management Program, Alaska
Treatment Center, Anchorage, Alaska
- 1986-89 --Consulting Psychologist, Hope Cottages, Anchorage,
Alaska
- 1983-86 --Consulting Psychologist, Human Affairs, Anchorage, Alaska
- 1979-83 --Licensed Clinical Psychologist, Central Peninsula Mental
Health Center, Kenai, Alaska

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- Consulting Psychologist, Kenai Peninsula Care Center
(residential adolescent treatment facility).
- 1980-84 --Instructor of Psychology, Kenai Peninsula Community
College, Soldotna, Alaska
- 1979 --Adjunct Assistant Professor of Psychology, Brigham Young
University, Provo, Utah
- 1978-79 --Intern Clinical Psychologist, Timpanogos Community Mental
Health Center, Provo, Utah
- 1975-79 --School Psychologist, Provo School District, Provo, Utah
- 1977-78 --Adjunct Instructor of Psychology, Brigham Young
University, Provo, Utah.
- 1976-77 --Acting Coordinator School Psychology Program,
Department of Educational Psychology, Brigham Young
University, Provo, Utah.

PROFESSIONAL ACTIVITIES

Member, American Psychological Association
Member, American College of Forensic Psychology
Board of Directors, Alaska Specialized Education and Training Services (ASSETS), 1991-
1993
Member, Governor's Council for the Handicapped and Gifted, State of Alaska (1983-86)
Who's Who in the West, 1983-84
Outstanding Young Men of America, 1985

PUBLICATIONS, PRESENTATIONS, RESEARCH ACTIVITIES

Cundick, B.P. & Rose, M.C. Elementary Self-Rating Scale. In O.G. Johnson (Ed.), Tests and measurements in child development. Handbook II, Volume II. San Francisco, Jossey-Bass, 1976.

Rose, M.C. MMPI personality characteristics of adult males involved in domestic violence. Unpublished manuscript.

Rose, M.C. Protocol for agencies serving victims and perpetrators of adult sexual assault and domestic violence. Unpublished manuscript, Kenai, Alaska, 1983.

Rose, M.C. Self, peer, and teacher perceptions of child sociometric status. Unpublished thesis manuscript, Brigham Young University, 1975.

Rose, M.C & Crawford M.S. Executive stress management. Presentation to Alaska State Community Extension Service Conference, Anchorage, Alaska, March 1982.

Rose, M.C., Cundick, B.P., & Higbee, K. Verbal rehearsal and visual imagery: Mnemonic techniques for learning-disabled children. *Journal of Learning Disabilities*, 1983, 16, 6, 352-354.

Rose, M.C. & DeLaMare, M. A manual of mnemonic strategies for learning disabled children. Provo School District, Provo, Utah, 1979.

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Rose, M.C. & Turner, P.E. A community education stress management program: Effects on hand temperature. Paper presented at American Association of Behavior Therapy, November, 1982.

Rose, M.C & Turner, P.E Stress management for medical assistants. Presentation to Alaska Association of Medical Assistants Conference, Soldotna, Alaska, May 1983.

Rose, M.C. Stress Management. Presentation to ARCO employees, Prudhoe Bay-Kuparuk, May-June, 1984.

Rose, M.C. The Cognitive-Behavioral Treatment of Chronic Pain Patients. Paper presented at Clinical Strategies for Pain Management Conference, Anchorage, Alaska, October, 1988.

Rose, M.C. The Role of Self-Regulation in Recovery From Chronic Pain. Paper presented at Pain Management Conference. Elmendorf Air Force Base Hospital. Elmendorf, Alaska. April 20, 2001.

Rose, M.C. Mental Health Issues in Recovery From Chronic Pain. Behavioral Health Seminar. Alaska Federal Health Care Partnership. Alaska Native Medical Center. Anchorage, Alaska. January 18, 2002

TRAINING, SEMINARS, WORKSHOPS

- Assessment of Adaptive Behavior of the Mentally Retarded, Utah State Board of Education, Salt Lake City, Utah, 1979.
- Cross-Cultural Psychotherapy Workshop, Denny DeGross, Kenai, Alaska, 1981.
- Workshop in Clinical Neuropsychology, University of Alaska-Anchorage, 1982.
- Training in the Treatment of Posttraumatic Stress Disorder, National Conference on Post-Viet Nam Stress Syndrome, Cincinnati, Ohio, 1982.
- Assessment and Treatment of Victims and Perpetrators of Domestic Violence and Sexual Assault, American Orthopsychiatric Association Annual Conference, San Francisco, California, April, 1982.
- Sexual Assault: Rape and Child Molestation. Assessment and Treatment of the Offender, A. Nicholas Groth, Ph.D. University of Washington, Seattle, Washington, March, 1983.
- Transcending Cultural Barriers to Communication and Therapy. International Psychology Conference, Vienna, Austria, June 6-10, 1985.
- Sexual Assault: The Psychology and Treatment of the Sexual Offender. Robert Freeman-Longo, A. Nicholas Groth, Ph.D. Vancouver, British Columbia, February 1986.
- Increasing Human Effectiveness, Robert Moawad, Edge Learning Institute, Seattle, Washington & Anchorage, Alaska, May, 1986.
- Assessment and Treatment of Chronic Pain Syndrome, Charter North Hospital, Anchorage, Alaska, September, 1987.
- Intensive Training in Cognitive-Behavioral Assessment and Treatment of Chronic Pain Patients, Casa Colina Rehabilitation Hospital, Pomona, California, November 11-17, 1987.

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- Helping People Change: First Annual Conference on Advances in the Cognitive Therapies, San Francisco, California, April 22-25, 1988.
- Conference on Cognitive-Behavior Therapy, Philip Kendall, Ph.D., Alaska School Psychology Association, February, 1989.
- Office Management of Chronic Pain. University of Washington, Seattle, Washington, October, 1989.
- Intervention in Child Sexual Abuse: Offenders, Victims and Survivors. Suzanne M. Sgroi, Ph.D. and A. Nicholas Groth, Ph.D., Anchorage, Alaska. August 15-17, 1990.
- Rape, Incest and Molestation: Investigation, Assessment and Treatment. Suzanne M. Sgroi, Ph.D. and A. Nicholas Groth, Ph.D., Anchorage, Alaska. August 15-17, 1990.
- Clinical Applications of MMPI-2 Conference. Roger Greene, Ph.D. Anchorage, Alaska. 10/5-6, 1990.
- Developmental Psychotherapy. Michael Mahoney, Ph.D. 11/1/90
- Crisis Intervention with Victims of Crime and Disaster. Patricia Resick, Ph.D. and Randal Quevillion, Ph.D. 11/2/90
- Prevention of Pathologic Grief. Edward Callahan, Ph.D. 11/2/90
- Multidisciplinary Management of Pain-Related Work Disability. 11/4/90
- Association for Advancement of Behavior Therapy. San Francisco, California. November 1-4, 1990.
- Working With Sexual Offenders: Treatment Skills for Professionals. Jarice Marques, Ph.D., William Pithers, Ph.D., & Robert Freeman-Longo, MRC. Anchorage, Alaska: November 19-23, 1991.
- Eighth Annual Symposium in Forensic Psychology. San Francisco, California: April 9-12, 1992.
- Applied Psychopharmacology for Mental Health Professionals Workshop by Neil M. Kirschner, Ph.D. Anchorage, Alaska: November 13, 1992.
- Risk Assessment in Forensic Psychology--Kirk Heilbrun, Ph.D.
- Diagnostic and Structured Interviewing in Forensic Practice--Richard Rogers, Ph.D. American Board of Forensic Psychologists, San Diego, California, January, 1995.
- Psychological Management of Chronic Pain. Martin Schaefer, Ph.D. Anchorage, Alaska, November, 1995.
- Direct Examination and Cross-Examination of Psychologists. Lynne Goldwin, J.D., Anchorage, Alaska, March, 1996.
- Listening to the Body: Understanding the Language of Stress Related Symptoms. John Madden, Ph.D., Stanford University. In Anchorage, Alaska, October, 1996.
- Dialectical Behavior Therapy of Borderline Personality Disorder. Kerry Koerner, Ph.D. University of Washington. In Anchorage, Alaska, February, 1997.
- 13th Annual Symposium in Forensic Psychology. American College of Forensic Psychology. Vancouver, British Columbia, Canada. April 16-20, 1997.

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- 14th Annual Symposium in Forensic Psychology. American College of Forensic Psychology. San Francisco, California. April 30-May 3, 1998.
- Integrative Couple Therapy. Alaska Summer Solstice Institute. Anchorage, Alaska. June 22-23, 1998.
- 15th Annual Symposium in Forensic Psychology. American College of Forensic Psychology. Santa Fe, New Mexico. May, 1999
- Ethics and Risk Management in Psychology. Gerald Koocher, Ph.D. Anchorage, Alaska. February 19, 2000.
- 16th Annual Symposium in Forensic Psychology. American College of Forensic Psychology. Newport Beach, California. April 5-9, 2000.
- Intensive Workshop on Personal Injury Examinations: The Application of Psychology to the Law of Torts; The Forensic Examination of Psychological Injury; The Convergence of Ethics, Law and Practice. Stuart A. Greenberg, Ph.D., ABFP. Anchorage, Alaska. September 29-30, 2000
- Legal and Ethical Risks and Risk Management in Professional Psychological Practice. Jeffrey N. Younggren, Ph.D. Anchorage, Alaska. February 17, 2001.
- Pain Management Conference. Elmendorf Air Force Base Hospital. Elmendorf, Alaska. April 20, 2001.
- 18th Annual Symposium in Forensic Psychology. American College of Forensic Psychology. San Francisco, California. April 18-21, 2002
- Effective and Responsible Use of Psychological Tests in Employment Selection (Public Safety/Law Enforcement). NCS Pearson & Kent State University. Phoenix, Arizona. 2-2-03
- Legal and Ethical Risks and Risk Management in Professional Psychological, Sequence 1: General Risk Management Strategies. Anchorage, Alaska. 2-22-03
- 20th Annual Symposium in Forensic Psychology. American College of Forensic Psychology. San Francisco, California. April 1-4, 2004.
- Therapists in Court: Practical Risk Management. Eric G. Mart, Ph.D., ABPP. Anchorage, Alaska. May 15, 2004
- 21st Annual Symposium in Forensic Psychology. American College of Forensic Psychology. Newport Beach, California. April 14-17, 2005
- Assessing Juvenile's Competence to Stand Trial: A Guid for Clinical Practice. Thomas Grisso, Ph.D. & Gina Vincent, Ph.D., San Francisco, California. August 25 & 26, 2005.
- 22nd Annual Symposium in Forensic Psychology. American College of Forensic Psychology. San Francisco, California. March 16-19, 2006

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REFERENCES

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